EXHIBIT A

ADP 1584
DRUG MEDI-CAL ELIGIBILITY WORKSHEET
(REVISED 07/01)

Instructions for Completing
Drug Medi-Cal Eligibility Worksheet
ADP 1584

GENERAL INFORMATION

- **Legible Handwriting**

  Be sure to use **LEGIBLE HANDWRITING**. This will help lessen key data entry errors. If an error is made within the data on a line, cross off the entire line and re-enter the correct data on a new line. It is recommended that white out not be used on manual claims.

- **Separation of Claims**

  - It is **required for hand copy** claims that they be **SEPARATED BY SERVICE FUNCTION CODE, PROGRAM CODE, AND BY SERVICE MONTH**. (This includes service function codes for SACPA clients).
  - It is **required for automated** claims that they be **SEPARATED BY SERVICE MONTH**.

- **Arrowing Down**

  When completing the Drug Medi-Cal Eligibility Worksheet form ADP 1584, **ARROWING DOWN may be used only if more than two lines are needed for the same client and ONLY if the Service Function Code is the same.** Arrows may be used in the following columns only: Client Name, Client Record No., Social Security Number, Year of Birth, Sex, Race/Ethnicity, DSM III or IV Diagnostic Code, Mo/Yr of Service.

- **CalWORKs**

  California Work Opportunity and Responsibility to Kids (CalWORKs) recipients that receive alcohol and other drug (AOD) treatment services as required by their Welfare-to-work plan may have those services billed to and reimbursed by funding which is available through the Drug/Medi-Cal (DMC) Program. If CalWORKs services are provided, the provider must:

  - submit separate DMC Eligibility Worksheets (ADP 1584) and matching Drug Medi-Cal Monthly Summary Invoice (ADP 1592);
  - identify the claim by writing CalWORKs on the top of each ADP 1584 page; and
  - putting a check mark in the CalWORKs box on the ADP 1592.

- **Minor Consent and Early Periodic Screening, Diagnosis and Treatment (EPSDT)**

  Minor Consent and EPSDT claims no longer need to be submitted on a separate claim. Minor Consent has aid codes to identify the type of service for which the client is eligible. ADP can use the aid code to query the data for statistical information.

  EPSDT claims no longer need to be submitted on a separate claim. ADP can use the client age and some filters to query data for statistical information.

SPECIFIC COMPLETION INSTRUCTIONS FOR ADP 1584

For each Worksheet Page, enter the following HEADING INFORMATION:

1. **Provider Name.** Enter the provider name.

2. **Provider Code.** Enter the four-digit provider number assigned by ADP.

3. **Claim For (CCYYMM).** Enter the 4-digit Year and 2-digit Month for which this worksheet is being submitted to ADP for processing. It should be a six-digit numerical code. For example, May 2000 is entered as 200005 and October 2000 is entered as 200010. **DO NOT MIX MONTHS ON ONE CLAIM.**

4. **Program Code**. Enter one of the following two-digit codes to indicate the type of service provided:

   20 = Non-Perinatal Services 25 = Perinatal Services

5. **Mode of Service.** Enter one of the following two-digit codes to indicate the Mode of Service provided:

   12 = Outpatient Hospital Services 17 = Clinic Services

6. **Page Number.** Enter the page number(s) based on the number of pages being submitted.

For each LINE on the Worksheet, enter the following information:

7. **Client Name.** Enter the LAST NAME of the eligible DMC client, and then enter ONLY the first initial of the first name. For example, Tom Jones is entered as "Jones, T".

8. **Client Record Number.** Enter the client's record number (client chart number at program). A maximum of 9 digits may be used.

9. **Social Security Number (SSN).** Enter the client's nine-digit SSN as shown on the Medi-Cal card. DO NOT USE THE 10TH (LAST) DIGIT ON THE MEDI-CAL SWIPE CARD. The last digit is a check digit, not a part of the SSN. **DO NOT ENTER THE DASHES OF THE SOCIAL SECURITY NUMBER.**

10. **Year of Birth (CCYY)**. Enter the client's year of birth as a four-digit number. For example, the year of birth of 1949 is entered as 1949 (YEAR ONLY).

11. **Sex.** Enter the appropriate letter code to denote the client's gender:

    M = Male **F** = Female **U** = Unknown

12. **Race/Ethnicity Codes.** Enter the appropriate numeric code to denote the client's race/ethnicity:

    1 = White
    2 = Hispanic
    3 = Black/African-American
    4 = Asian/Pacific
    5 = American Indian or Alaskan Native
    7 = Filipino
    8 = Other

    Note: There is no code 6.

13. **Diagnostic Codes.** Enter one of the 5-digit DSM III or DSM IV diagnostic codes. The Diagnostic Code Chart is in Section 13 of this manual.

14. **Mo/Yr of Service (CCYYMM).** Enter as a six-digit code, the four-digit year and the two-digit month that service(s) was provided. For example, the service month of January 2001 is entered as 200101.

15. **Treatment Dates.** Complete the first and last treatment dates as follows:

a. For the following services: **ODF Group Counseling, ODF Individual Counseling, DCH, NAL, RES, LAAM Dosing, NTP Group Counseling, and NTP Individual Counseling**, use the following format:

- First Day – Enter the "date" for the two-digit number for the first day the client received treatment from this provider. For example, the first day of treatment was on the 8th day of the month; therefore, "08" would be entered.

- Last Day – Enter the "date" two-digit number using the **SAME** day as entered in the "first day" field.

NOTE: A new line must be used for each day of service.

b. For **NTP Methadone Dosing**, use the following format:

- First Day – Enter the "date" for the two-digit number for the first day the client received treatment from this provider.

- Last Day – Enter the "date" for the two-digit number for the last multiple (consecutive) day the client received treatment from this provider.

MULTIPLE (CONSECUTIVE) DAYS OF THE SAME SERVICE WITH NO BREAK IN SERVICE MUST BE CLAIMED ON ONE LINE (i.e., April 2, 1995 through April 7, 1995 would be claimed as 0207).

If there is a **break in service, a NEW line MUST** be used with the same date format.

16. **Discharged.** Enter a 1 only if the client was discharged during this month. If not discharged during the month, leave it blank.

17. **Service Function Code (SFC)**. Enter the appropriate SFC as it applies to the type of treatment service/component provided.

Recommendation: Use the first 2-digit SFC for each treatment service/component. (i.e., for NTP Methadone Dosing, use SFC 20, not 21)

NOTE: A separate form must be used for each type of treatment service/component. Claims for SACPA clients using the specific SACPA service function codes must also be reported/claimed separately.

18. **Unit of Service (UOS).** Enter the allowable Unit of Service for the type of treatment service/component provided. The maximum UOS are:

- NTP Methadone Dosing: can exceed 1 UOS per claim line (the number should correspond to the number of treatment days) but cannot exceed the number of days for the service month
- NTP Group or NTP Individual Counseling: can exceed 1 UOS per claim line (one 10 minute increments equals 1 UOS) but cannot exceed 20 UOS per month per client (combination of Group or Individual)
- NTP LAAM Dosing: cannot exceed 13 UOS per month
- All Other Treatment Services/Components: Cannot exceed 1 UOS per claim line.

19. **Dollars Claimed:** For EACH LINE, multiply the number of units of service by the maximum rate. Providers should bill the lesser amount of the maximum rate or actual cost. A maximum rate is established for each treatment service/component.

20. **Good Cause.** If applicable, enter the alpha code **(UPPER CASE)** to indicate the "Good Cause" for any claim lines qualifying for exemption to the submission deadlines. **ADP staff will not make recommendations of which Good Cause code to use.** "Good Cause" reasons and the codes are as follows:

Code A = Failure of the client or legal representative, due to deliberate concealment or physical or mental incapacity, to present identification as a Medi-Cal beneficiary.

Code B = Billing involving other coverage, including but not limited to Medicare, Kaiser, Ross-Loos, or CHAMPUS.

Code C = Determination by the Director of DHS that the provider was prevented from submitting claims for services within the time limitation due to circumstances beyond the provider's control; specifically, due to delay or error in the certification or determination of Medi-Cal eligibility of a beneficiary by the state or county. This also applies to retroactive Medi-Cal eligibility.

Code D = Determination by the Director of the Department of Health Services that the provider was prevented from submitting claims for services within the time limitation due to the following circumstances beyond the provider's control:

1. Damage to or destruction of the provider's business office or records by a natural disaster, including fire, flood or earthquake; or interfered with processing of claims in a timely manner.

2. Theft, sabotage or other deliberate, willful acts by an employee.

3. Circumstances involving the retroactive certification/ recertification of the provider to participate in the DMC program by the State, or delays by DHS in enrolling a provider.

   Circumstances that **shall not** be considered beyond the control of the provider include, but are not limited to:

   - Negligence by employees.
   - Misunderstanding of or unfamiliarity with Medi-Cal regulations.
   - Illness or absences of any employee trained to prepare bills.
   - Delays caused by U.S. Postal Service or any private delivery service.

4. Other circumstances that are clearly beyond the control of the provider that have been reported to the appropriate law enforcement or fire agency when applicable.

Code E = Special circumstances that cause a claiming delay such as a court decision or fair hearing action.

Code F = Initiation of legal proceedings to obtain payment of a liable third party pursuant to Section 14115 of the Welfare and Institutions Code.

For further information regarding the submission time frames for "Good Cause" submissions, refer to Title 22, Section 51008.5. If a "Good Cause" code is used, prepare form ADP 6065, Good Cause Certification, and retain it at the program. This form must be available for ADP monitoring and auditing reviewers. **DO NOT SEND THIS FORM TO ADP.**

20. **Duplicate Override.** Enter the alpha code "Y" if this is a duplicate service. Prepare form ADP 7700, Multiple Billing Override Certification, and retain at the program. This prepared form must be available for ADP monitoring and auditing reviewers. **DO NOT SEND THIS FORM TO ADP.**

21. **Counselor Indicator.** Claims from counties and providers, for reimbursement of ODF and NTP counseling services, shall include either the three alpha character initials or a unique five-digit code of the counselor providing the individual or group counseling session. Failure to include the specific counselor identification on the claim will result in a suspended claim.

For each Worksheet Page, enter the following information:

22. **Page Totals.** For each page, enter the total UOS and the total Dollars Claimed in the appropriate spaces on the bottom right hand side of the form. If the page total is incorrect, or a line or other information is omitted during key entry, the whole page will be rejected. The original claim must come back from DHS in order for ADP to make a determination as to why the page rejected and make the necessary corrections and resubmit the claim back to DHS.

23. **Grand Totals.** On the LAST page of each separate set of provider worksheets, enter the Grand Total (totals of all the pages) for Units of Service and Dollars Claimed in the appropriate spaces on the bottom right hand side of the form.

SUBMISSION INSTRUCTIONS:

1. The provider retains the last page (pink copy) for their records and submits the original (white copy) and yellow copy to the county's fiscal office for processing. The county retains the yellow copy and submits the original (white) to the State. Direct providers submit the original (white copy) directly to ADP for processing.

2. The county fiscal office, or direct contract provider, shall complete and forward to ADP the following:

   a. Form ADP 1584 – One original (white copy) with original signatures; and

   b. Form ADP 1592 – One original with signatures (the original can be faxed). NOTE: The original signatures need only be placed on the page with the Grand Total identified. A copy of Form ADP 1592, Drug Medi-Cal Monthly Summary Invoice, is in Section 4 of this manual.

Submit all Drug Medi-Cal claims (ADP 1584) and invoices (ADP 1592) to:

Department of Alcohol and Drug Programs
Fiscal Management and Accountability Branch
1700 K Street, Fourth Floor
Sacramento, CA 95814-4037